Increasing Awareness and Uptake of Influenza Immunization

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"Warning"

- Good (i.e., effective) communication is a necessary but usually only partially sufficient condition for achieving desired behaviors.
- Facts, figures, and statistics, in and of themselves, don't equate to good communication (nor does more information equal good communication).

Question

"It strikes 2 million Americans each year. And complications from this kill up to 200,000 people a year--more people than breast cancer, car crashes, and AIDS combined. The good news is, in most cases, this can be prevented."

What is it that causes this harm? (And does having this information change your behavior?)

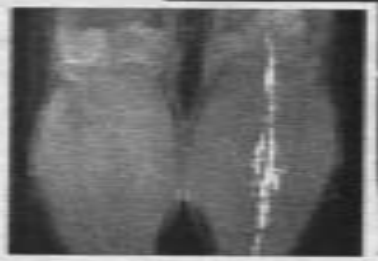
CDC

IntelligenceReport®

By Lyric Wallwork Winik

Stop A Deadly Killer

Skater Tara Lipinski suffered from DVT.



A magnetic scan shows a leg blockage (white line), indicating deep vein thrombosis. Its clots can be fatal.

There are tests to identify DVT, and simple solutions.

It strikes 2 million Americans each year and kills more people than breast cancer, car crashes and AIDS combined, yet most of us do not even know its name. The condition is called deep vein thrombosis, or DVT. It begins with a blood clot in the leg that can travel to the lungs, causing a pulmonary embolism and often death. Many of us are at risk—just sitting for a long time on a plane can produce DVT. But older people, pregnant women, smokers, the obese and others with a condition that limits mobility are at increased risk. Symptoms include leg tenderness, pain, swelling, discoloration or redness. If you suspect DVT, call a doctor immediately: There are quick, noninvasive tests to identify it, plus options ranging from blood thinners to simple exercises. National DVT Awareness Month begins tomorrow. Go to *www.preventdvt.org* to learn more.

"Recipe" for Fostering Public Interest and High Vaccine Demand (1)

1. Influenza's arrival coincides with immunization "season" (i.e., when people can take action)
2. Dominant strain and/or initial cases of disease are:
   - Associated with severe illness and/or outcomes
   - Occur among people for whom influenza is not generally perceived to cause serious complications (e.g., children, healthy adults, healthy seniors)
   - In cities and communities with significant media outlets (e.g., daily newspapers, major TV stations)

"Recipe" for Fostering Public Interest and High Vaccine Demand (2)

3. Medical experts and public health authorities publicly (e.g., via media) state concern and alarm (and predict dire outcomes)– and urge influenza vaccination.
4. The combination of '2' and '3' result in:
   A. Significant media interest and attention
   B. Framing of the flu season in terms that motivate behavior (e.g., as "very severe," "more severe than last or past years," "deadly")

"Recipe" for Fostering Public Interest and High Vaccine Demand (3)

5. Continued reports (e.g., from health officials and media) that influenza is causing severe illness and/or affecting lots of people– helping foster the perception that many people are susceptible to a bad case of influenza.
6. Visible/tangible examples of the seriousness of the illness (e.g., pictures of children, families of those affected coming forward) and people getting vaccinated (the first to motivate, the latter to reinforce)
7. References to, and discussions, of pandemic influenza– along with continued reference to the importance of vaccination.

Implications of the "Recipe"

- A large component of consumer demand for flu vaccination is contingent upon things we can't control (e.g., timing, severity, extent, duration of the disease and resulting illness).
- Fostering demand, particularly among people who don't routinely receive an annual influenza vaccination, requires creating concern, anxiety, and worry. For example:
  - A perception or sense that many people are falling ill;
  - A perception or sense that many people are experiencing bad illness;
  - A perception or sense of vulnerability to contracting and experiencing bad illness.

Additional (Pandemic) Influenza Communication Challenges

- Recommendations and perceptions regarding influenza vaccination are not "universal" (and achieving consensus by "fiat" is difficult)
- "Mass media" doesn't effectively reach "the mass"
- Mixed messages and advice are hard to avoid

Influenza Immunization Recommendations and Perceptions

- Until recently, influenza vaccination recommended primarily for 65 and older and people with certain chronic medical conditions– fostering perception that vaccination was for "elderly" and "frail"
- Now recommended for 50-64 year olds and 6-23 month olds– to many, implying a) its helpful primarily for older people and b) we have data that supports such precision
- Experts "nuance" recommendations, but the public (as well as many healthcare providers) don't similarly nuance their perceptions (e.g., "recommend" vs. "encourage," 6-23 month olds vs. 2 year olds)

Three Likely Population Segments

- **People who routinely receive an annual influenza vaccination, including those we recommend do so**
  - Primarily 65 years old and older
  - Primarily get vaccinated in Sept-November
- **People who sometimes receive an annual influenza vaccination, including those we recommend do so**
  - Interest is often contingent on perceptions of severity of the strain, likelihood they or someone they know will contract it, their belief they will experience or transmit a severe case
  - Appear to get vaccinated later (November, early December)
- **People who choose not to get an influenza vaccination, including those we recommend do so:**
  - Inversely related to age (e.g., most likely 18-49)
  - Among older people, often based on a firmly held belief/conviction

"Mass Media" Less Helpful

- Most people have 10 or so options when it comes to television viewing– many have 50-100 or more
- Hundreds of websites offer medical and health information
- Daily newspaper readership has been declining, particularly among 18-49 year olds
- Cultural and ethnic diversity is greater than ever
- Health literacy is a growing problem
- Belief that today you need to expose people to your message 10-12 times to achieve attention

The Challenge of Avoiding "Mixed Messages and Advice"

- Often arise when expert actions and behaviors don't seem to match or be consistent with policies and recommendations (e.g., healthcare providers not getting annual influenza vaccinations)
- Often fostered by a desire to improve our ability to provide services should large numbers of people act upon our advice
- Often recognized primarily in hindsight– and in contexts outside our own area of expertise

Tom Toles
Washington Post May 2004
WAKE UP!
ASH-CROFT
BUT DON'T BE ALARMED.
WE HAVE A TERROR WARNING!
BUT NOTHING SPECIFIC.
BUT IT'S COMING SOON!
BUT WE'RE NOT CHANGING THE ALERT COLOR.
BUT HERE ARE THE SEVEN GUYS!
WHO MIGHT NOT BE CONNECTED WITH THIS.
SO BE AFRAID!!
TOLES
©2004 THE WASHINGTON POST
BUT NOT TOO AFRAID.
THAT GUY SCARES ME.
HE TOOK PICTURES—

Tom Toles (Modified)
Washington Post May 2004
WAKE UP!
Health Expert
BUT DON'T BE ALARMED.
WE HAVE AN INFLUENZA WARNING!
BUT NOTHING SPECIFIC.
THIS YEAR'S FLU SEASON COULD BE VERY SEVERE.
BUT IT'S IMPOSSIBLE TO PREDICT.
BUT WE KNOW THESE STRAINS USUALLY CAUSE MORE SEVERE ILLNESS AND DEATHS
BUT WE HAVE A VACCINE THAT MAY PROVIDE SOME PROTECTION
SO BE AFRAID!!
(ENOUGH TO GET VACCINATED)
TOLES
©2004 THE WASHINGTON POST
BUT NOT TOO AFRAID.
(DON'T EVERYONE COME OUT AT ONCE)
THAT GUY SCARES ME.
HE TOOK PICTURES—

Some Recommendations

- Adopt more sophisticated approach to influenza-related communication:
  - Greater investment in communication research
  - Greater appreciation of need for a) less nuanced messages/advice and b) development/use of a portfolio of messages and materials
  - Plans that extend beyond news media reliance
- Recognition that the kind of communication activities envisioned (e.g., broad scope, high visibility, message frequency) require significant investment
- Greater understanding and use of risk communication principles (e.g., dilemma sharing, acknowledging uncertainty, providing coping strategies and advice)

Thank You

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